

AKIMA-DTSV 14 MAR 2005

Wyeth Pharmaceuticals
P.O. Box 8299
Philadelphia, PA 19101-8299

Wyeth**F A C S I M I L E**

Date: March 14, 2005

Number of pages (including cover): 6

To: Office of Initial Patent Examining

Commissioner for Patents

Fax: 703 308 7749

From: Fariba Shoarinejad, Ph.D.

Department: Law Department - Patent Section

Telephone: (484) 865 8618

Fax: (484) 865 8782

Urgent



For your review



☐ Please reply asap ☐ Please comment

Remarks:

In re Application of: Julia Billiard & Peter V. N. Bodine
Application No. 10/823,998
Filed: April 14, 2004
Title: A Novel Method of Modulating Bone-Related Activity
Confirmation No. 7072
Customer No. 25291

Dear Sir or Madam

Attached please find a Request to Change Order of Inventor's Names (1 page) and a Supplemental Application Data Sheet (4 pages) regarding the above application.

Thank you.

Fariba Shoarinejad, Ph.D.

This transmission is intended for the addressee only and may be attorney-client privileged and/or contain information that is confidential and/or proprietary to Wyeth. If you are not the intended recipient, you are hereby notified that any dissemination, distribution, copying or use of the information contained in this facsimile is unauthorized and strictly prohibited. If you have received this facsimile in error, please notify this office immediately by telephone call to the sender above so we can arrange for the destruction or return of the document to Wyeth at no cost to you. Thank you.

Docket No: AM101291
Patent

Best Available Copy

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re of Application of: Julia Billiard & Peter V.N. Bodine
 Application No.: 10/823,998 Group Art No.:
 Filed: April 14, 2004 Examiner:
 For: A Novel Method Of Modulating Bone-Related Activity
 Confirmation No.: 7072
 Customer Number: 25291

Attention: Office of Initial Patent Examining
 Commissioner for Patents
 PO Box 1450
 Alexandria, VA 22313-1450

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper and the documents referred to as enclosed therein are being facsimile transmitted to the United States Patent and Trademark Office, OIPE facsimile number /U3 308 7749 on the date shown below:

march 14, 2005
 Date

Paula L. Dickey
 Paula L. Dickey

REQUEST TO CHANGE ORDER OF INVENTOR'S NAMES

Sir:

It is hereby requested that a change be made on the records of the PTO for this application to change the order of the names of the inventors to:

Julia Billiard
 Peter V.N. Bodine

Attached is a Supplemental Application Data Sheet wherein the changes are indicated with ~~strike through text~~ reflecting the changes made to the incorrect data and underlined text reflecting the changes made to indicate the correct order of Inventors.

Authorization is given to charge Deposit Account No. 01-1425 for any fee that may be due in connection with filing this paper.

Respectfully submitted,

Karim Shojanajad

Fanba Shojanajad, Ph.D.
 Agent for Applicants
 Reg. No. 48,182

Wyeth
 Patent Law Department
 Five Giralda Farms
 Madison, NJ 07910
 Tel. No. 484 865 8618

Best Available Copy

Application Data Sheet**Application Information**

Application Type:: Regular
 Subject Matter:: Utility
 Suggested Classification::
 Suggested Group Art Unit::
 CD-ROM or CD-R?::
 Number of CD disks:: 1
 Number of copies of CDs::
 Sequence submission?:: Paper
 Computer Readable Form (CRF)?:: Yes
 Number of copies of CRF::
 Title:: A Novel Method Of Modulating Bone-Related Activity
 Attorney Docket Number:: AM101291
 Request for Early Publication?::
 Request for Non Publication?::
 Suggested Drawing Figure::
 Total Drawing Sheets:: 17

Applicant Information

Applicant Authority Type:: ~~Inventor~~
 Primary Citizenship Country:: ~~US~~
 Given Name:: ~~Peter~~
 Middle Name:: ~~V.N.~~
 Family Name:: ~~Bodine~~
 City of Residence:: ~~Havertown~~
 State or Province of Residence:: ~~Pennsylvania~~
 Country of Residence:: ~~US~~
 Street of mailing address:: ~~1742 Academy Lane~~
 City of mailing address:: ~~Havertown~~
 State or Province of mailing address:: ~~PA~~
 Country of mailing address:: ~~US~~
 Postal or Zip Code of mailing address:: ~~19083~~

Best Available Copy

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Given Name:: Julia
Middle Name:: _____
Family Name:: Billiard
City of Residence:: Collegeville
State or Province of Residence:: Pennsylvania
Country of Residence:: US
Street of mailing address:: 50 N. Grange Avenue
City of mailing address:: Collegeville
State or Province of mailing address:: PA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 19426

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Given Name:: Julia
Middle Name::
Family Name:: Billiard
City of Residence:: Collegeville
State or Province of Residence:: Pennsylvania
Country of Residence:: US
Street of mailing address:: 50 N. Grange Avenue
City of mailing address:: Collegeville
State or Province of mailing address:: PA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 19426

Best Available Copy

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Given Name:: Peter
Middle Name:: V.N.
Family Name:: Bodine
City of Residence:: Havertown
State or Province of Residence:: Pennsylvania
Country of Residence:: US
Street of mailing address:: 1742 Academy Lane
City of mailing address:: Havertown
State or Province of mailing address:: PA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 19083

Correspondence Information

Correspondence Customer Number:: 25291
Phone:: 484 865 8618
Fax Number:: 484 865 8782
E-Mail address:: shoarif@wyeth.com

Representative Information

Representative Customer Number::	25291
---	-------

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/463,364	April 16, 2003
This Application	An application claiming the benefit under 35 USC 119(e)	60/501,340	September 9, 2003

Best Available Copy**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: Wyeth
Street of mailing address:: Five Giralda Farms
City of mailing address:: Madison
State or Province of mailing address:: New Jersey
Country of mailing address:: US
Postal or Zip Code of mailing address:: 07940